

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/787231** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				2		
5				3		
6				3		
7				3		
8				3		
9				3		
10				3		
11				3		
12				3		
13				3		
14				3		
15				3		
16			1			
17				1		
18				1		
19				3		
20				3		
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			67			
TOTAL CLAIMS			69			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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57						
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59						
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62		1				
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS